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PTO/SB/05 (03/01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket Number SHPR-01361USE	
		Inventor Shek Fai Lau et al.	
		Title Ion Emitting Air-Conditioning Devices with Electrode Cleaning Features	
		Express Mail Label No. EV 327 622 231 US	

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning Utility Patent Application Contents</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) (in duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status (See 37 CFR 1.27) 3. <input checked="" type="checkbox"/> Specification Total Pages <u>33</u> (preferred arrangement set forth below) ■ Descriptive Title of the invention ■ Cross Reference to Related Applications ■ Statement Regarding Fed Sponsored R & D ■ Reference to Sequence Listing, a table or computer program listing Appendix ■ Background of the Invention ■ Brief Summary of the Invention ■ Brief Description of the Drawing(s) (if filed) ■ Detailed Description ■ Claim(s) <u>33</u> ■ Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <u>14</u> 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <u>2</u> a. <input type="checkbox"/> Newly Executed b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 <u>4</u> Total Pages	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (Cover Sheet & Document(s)) Total Pages 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement <u>0</u> IDS ((IDS)/PTO-1449) <u>9</u> Total Pages Citations 13. <input type="checkbox"/> Preliminary Amendment Total Pages 14. <input checked="" type="checkbox"/> Return Postcard, specifically itemized (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other
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18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 10 / 642,927

Prior application information: Examiner: Unknown Group/Art Unit: Unknown

For Continuation or Divisional Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number 23910 or ☐ Correspondence Address below

NAME	Fliesler Dubb Meyer & Lovejoy LLP		
ADDRESS	Four Embarcadero Center, Fourth Floor		
CITY	San Francisco	STATE	CA
		ZIP CODE	94111
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Name (Print/Type)	Jeffrey R. Kurin	Registration No. (Attorney/Agent)	41,132
Signature		Date	September 12, 2003

22389 ILS PTO

10/661988



09/12/03

17712 U.S. PTO
09/12/03

PTO/SB/17 (10/02) (modified)
Approved for use through 04/30/2003, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

2003

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 1,572.00)**

Complete if Known

Application Number	Division of 10/642,927
Filing Date	September 12, 2003
Inventor	Shek Fai Lau et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	SHPR-01361USE

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325
Deposit Account Name: Fliesler Dubb Meyer & Lovejoy

2. ☒ Payment Enclosed:
[X] Check [] Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1812/\$2,520	1812/\$2,520	For filing a request for reexamination	<input type="checkbox"/>
1251/\$110	2251/\$55	Extension for response within first month [†]	<input type="checkbox"/>
1252/\$410	2252/\$205	Extension for response within second month [†]	<input type="checkbox"/>
1253/\$930	2253/\$465	Extension for response within third month [†]	<input type="checkbox"/>
1254/\$1,450	2254/\$725	Extension for response within fourth month [†]	<input type="checkbox"/>
1255/\$1,970	2255/\$985	Extension for response within fifth month [†]	<input type="checkbox"/>
1401/\$320	2401/\$160	Notice of Appeal	<input type="checkbox"/>
1453/\$1,300	2453/\$650	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
1501/\$1,300	2501/\$650	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
1502/\$470	2502/\$235	Design Issue Fee	<input type="checkbox"/>
1460/\$130	1460/\$130	Petitions to the Commissioner	<input type="checkbox"/>
1814/\$110	2814/\$55	Statutory Disclaimer	<input type="checkbox"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="checkbox"/>
8021/\$40	8021/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809/\$750	2809/\$375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1801/\$750	2801/\$375	Request for Continued Examination (RCE)	<input type="checkbox"/>
Other fee (specify):		<input type="checkbox"/>	<input type="checkbox"/>
Other fee (specify):		<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL (3)			(\$ 0)

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1001/\$750	2001/\$375	Utility Filing	750
1002/\$330	2002/\$165	Design Filing	<input type="checkbox"/>
1004/\$750	2004/\$375	Reissue	<input type="checkbox"/>
1005/\$160	2005/\$80	Provisional Filing	<input type="checkbox"/>
SUBTOTAL (1)			(\$ 750)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$18	2202/\$9	Claims in excess of 20
1201/\$84	2201/\$42	Independent claims in excess of 3
1203/\$280	2203/\$140	Multiple dependent claim
1204/\$84	2204/\$42	Reissue independent claims over original patent
1205/\$18	2205/\$9	Reissue claims in excess of 20 and over original patent

For	(Col. 1) No. of Existing Claims	(Col. 2) Highest No. Previously Paid For	(Col. 3) Extra**	Fee	Fee Due
TOTAL	33	20 or	13	x 18	= 234
INDEP	10	3 or	7	x 84	= 588
[] First presentation of multiple dependent claim					= 0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$ 822)**

SUBMITTED BY

Typed or Printed Name **Jeffrey R. Kurin**

Signature

Jeffrey R. Kurin

Complete (if applicable)

Reg. Number **41,132**

Date

September 12, 2003